2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P97000084609

Entity Name: SOUTH FLORIDA OBSTETRICAL AND GYNECOLOGICAL SERVICES, P.A.

Current Principal Place of Business:

4101 NW 4TH ST., SUITE 404
PLANTATION, FL 33317

New Principal Place of Business:

5975 W. SUNRISE BLVD.
SUITE 105
SUNRISE, FL 33313 US

Current Mailing Address:

4101 NW 4TH ST., SUITE 404
PLANTATION, FL 33317

New Mailing Address:

P.O. BOX 17735
PLANTATION, FL 33318 US

FEI Number: 65-0784544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CECILLE, ALEXIS
1241 SW 87TH TERRACE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: ALEXIS, RENEE P
Address: 4101 NW 4TH STREET, STE 404
City-St-Zip: PLANTATION, FL 33317

Title: DR ( ) Delete
Name: ALEXIS, M.D., WINSTON L VP
Address: 4101 N.W. 4TH STREET, SUITE 404
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: ALEXIS, RENEE P
Address: 5975 W. SUNRISE BLVD., SUITE 105
City-St-Zip: SUNRISE, FL 33313 US

Title: DR (X) Change ( ) Addition
Name: ALEXIS, M.D., WINSTON L VP
Address: 5975 W. SUNRISE BLVD., SUITE 105
City-St-Zip: SUNRISE, FL 33313 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE B. ALEXIS P 05/02/2005

Electronic Signature of Signing Officer or Director Date